EMPLOYEE STATEMENT OF RECEIPT OF VEHICLE AND EQUIPMENT POLICY

I	h 1, 2012, pol	icy memorandu	that I have am issued by the
Chief Administrative Office Chittled Vemore	, una Equipmen		
Employee's Signature:			
Date:	,		
Appointing Authority or Designee:			_
Date:			-
Attachment: Policy Memorandum No. 5 (R)	·		

VEHICLE OR EQUIPMENT DAMAGE SUPERVISOR'S REPORT FORM

DATE REPORT COMPLETED:				
IMPORTANT: THE CITY'S THIS HOURS OF INCIDENT.	RD PARTY ADMIN	ISTRATOR MUST I	BE NOTIFIED WITH	<u>IIN 24</u>
POLICE ITEM NO:CITY V	/EHICLE NO:	_VEHICLE TOWED:	YES/NO	
WHERE PARKED:	STIL1	L IN USE: YES/NO (ci	rcle one)	
PARKED AT EMD AFTER ACCIDE CITY VEHICLE DATA	ENT: YES/NO (circle	e one)	aporensusakunakunakunin interitabkatuni	
YEAR MAKE MODEL_	LICENSE NO _	MILEAGE	COLOR	_
IF VEHICLE IS PRIVATELY OWNED, NA	•			
DRIVER'S NAME (Last)		JOB CLASSIFIC	ATION:	<u> </u>
FULLY DESCRIBE DAMAGE TO NUMBER OCCUPANTS & NAMES	CITY VEHICLE:			
NAME AND PHONE NO. OF ANY	WITNESSES:			
NAME		PHONE NO.		
NAME		PHONE NO.	·	
INJURED PERSON(s):	CITY VEHICLE O	<u>NLY</u>		
NAME 1)	ADDRESS	TELEPHONE	INJURY	
2)		<u> </u>		<u>-</u> .
3) "OTHER" VEHICLE DATA			· ————————————————————————————————————	
YEARMAKE MODEI	L LICENSE NO	MILEAGE	COLOR	
	and the second s			

AME (DRIVER)	(Last)	(First)	(MI)
PDECC	, ,		
ODRESS(Street)		(City)	(Zip)
,			
AME (OWNER)	(Last)	(First)	(MI)
DDRESS			
(Street)		(City)	(Zip)
JLLY DESCRIBE DAMA	AGE TO "OTHI	ER" VEHICLE:	
SURANCE CARRIER:			
AME:	· · · · · · · · · · · · · · · · · · ·	ADDRESS:	

		POLIC	EY NO:
ELEPHONE NUMBER: _			EY NO:
ELEPHONE NUMBER: _	k NAMES IN "C	OTHER" VEHICLE: _ ER" VEHICLE ONLY	
ELEPHONE NUMBER: _ UMBER OCCUPANTS & NJURED PERSON(s): NAME	a NAMES IN "C	OTHER" VEHICLE: _ ER" VEHICLE ONLY	
ELEPHONE NUMBER: _ UMBER OCCUPANTS & NJURED PERSON(s): NAME	* NAMES IN "C "OTHI ADDR	OTHER" VEHICLE: ER" VEHICLE ONLY RESS TELEI	
ELEPHONE NUMBER: _ UMBER OCCUPANTS & UJURED PERSON(s): NAME	a NAMES IN "C	OTHER" VEHICLE: ER" VEHICLE ONLY RESS TELEI	
ELEPHONE NUMBER: _ UMBER OCCUPANTS & NJURED PERSON(s): NAME)	ADDR	OTHER" VEHICLE: ER" VEHICLE ONLY RESS TELEI	
ELEPHONE NUMBER: _ UMBER OCCUPANTS & NJURED PERSON(s): NAME) —————————————————————————————————	ADDR	OTHER" VEHICLE: ER" VEHICLE ONLY RESS TELEI	
ELEPHONE NUMBER: _ UMBER OCCUPANTS & NJURED PERSON(s): NAME))	ADDR	OTHER" VEHICLE: ER" VEHICLE ONLY RESS TELEI	PHONE INJURY
ELEPHONE NUMBER: _ UMBER OCCUPANTS & NJURED PERSON(s): NAME) ()	ADDR	OTHER" VEHICLE: ER" VEHICLE ONLY RESS TELEI	PHONE INJURY
ELEPHONE NUMBER: _ UMBER OCCUPANTS & NJURED PERSON(s): NAME THER PROPERTY DAM	ADDR	OTHER" VEHICLE: ER" VEHICLE ONLY RESS TELEI PMENT, HOUSE, FEN	PHONE INJURY NCE, OWNER INFORMATION, ETC
ELEPHONE NUMBER: _ UMBER OCCUPANTS & NJURED PERSON(s): NAME) OTHER PROPERTY DAM	ADDR	OTHER" VEHICLE: ER" VEHICLE ONLY RESS TELEI PMENT, HOUSE, FEN	PHONE INJURY NCE, OWNER INFORMATION, ETC
ELEPHONE NUMBER: _ IUMBER OCCUPANTS & NJURED PERSON(s): NAME) () () ()	ATION:	OTHER" VEHICLE: ER" VEHICLE ONLY RESS TELEI PMENT, HOUSE, FEN	PHONE INJURY NCE, OWNER INFORMATION, ETC

EMPLOYEE STATEMENT OF RECEIPT OF VEHICLE AND EQUIPMENT POLICY

received and understand a copy of the March Chief Administrative Office entitled "Vehicle and	1, 2012, polic			
Office Franklinds of the Control of		,		
Employee's Signature:				
Date:				
Appointing Authority or Designee:			_ ′	•
Date:				
Attachment: Policy Memorandum No. 5 (R)	,			

VEHICLE OR EQUIPMENT DAMAGE SUPERVISOR'S REPORT FORM

DATE REPORT COMPLETED:	· ·			
IMPORTANT: THE CITY'S THU HOURS OF INCIDENT.	RD PARTY ADMIN	ISTRATOR MUST I	BE NOTIFIED WI	THIN 24
POLICE ITEM NO:CITY V	VEHICLE NO:	_VEHICLE TOWED:	YES/NO	
WHERE PARKED:	STIL	L IN USE: YES/NO (ci	ircle one)	
PARKED AT EMD AFTER ACCIDE TO THE STATE OF T			284848848848948948988888888888888888888	<u>VESERBÖRRARURRÖR</u>
YEAR MAKE MODEL _	LICENSE NO _	MILEAGE	COLOR	
IF VEHICLE IS PRIVATELY OWNED, NA	AME AND ADDRESS OF	THE OWNER:		
				· .
DRIVER'S NAME		JOB CLASSIFIC	ATION:	
DRIVER'S NAME (Last)	(First)	MI)		
FULLY DESCRIBE DAMAGE TO	CITY VEHICLE:			
·	•			-
NUMBER OCCUPANTS & NAMES		3: <u> </u>		
NAME AND PHONE NO. OF ANY	WITNESSES:			
NAME	· · · · · · · · · · · · · · · · · · ·	PHONE NO.		
NAME		PHONE NO.		
INJURED PERSON(s):	CITY VEHICLE C	NLY		
NAME	ADDRESS	TELEPHONE	INJURY	
1)				
2)			<u> </u>	
3) "OTHER" VEHICLE DATA				· · · · · · · · · · · · · · · · · · ·
YEARMAKE MODEL	LICENSE NO	MILEAGE	COLOR	,
I EARNAMENODE				

NAME (DRIVER)	(Last)	(First)	(MI)
ADDRESS			
ADDRESS (Street)		(City)	(Zip)
NAME (OWNER)		(T: 4)	(MATC)
			(MI)
ADDRESS(Street)	·	(City)	(Zip)
,			
FULLY DESCRIBE DAM	AGE TO "OTHE	R" VEHICLE:	
INSURANCE CARRIER:			
NAME:	4	ADDRESS:	
		DOI 1	ON NO
TELEPHONE NUMBER:		POLIC	CY NO:
			CY NO:
			•
			•
NUMBER OCCUPANTS	& NAMES IN "O"		
NUMBER OCCUPANTS	& NAMES IN "O"	THER" VEHICLE:	
NUMBER OCCUPANTS INJURED PERSON(s): NAME	& NAMES IN "O"	THER" VEHICLE: R" VEHICLE ONLY	
NUMBER OCCUPANTS INJURED PERSON(s): NAME	& NAMES IN "O"	THER" VEHICLE: R" VEHICLE ONLY	<u>Y</u>
NUMBER OCCUPANTS INJURED PERSON(s): NAME 1)	& NAMES IN "O' "OTHE ADDRE	THER" VEHICLE: R" VEHICLE ONLY ESS TELE	<u>Y</u>
NUMBER OCCUPANTS INJURED PERSON(s): NAME 1) 2)	& NAMES IN "O"	THER" VEHICLE: R" VEHICLE ONLY ESS TELE	<u>Y</u>
NUMBER OCCUPANTS INJURED PERSON(s): NAME 1) 2)	& NAMES IN "OTHE	THER" VEHICLE: R" VEHICLE ONLY ESS TELE	EPHONE INJURY
NUMBER OCCUPANTS INJURED PERSON(s): NAME 1) 2) 3)	& NAMES IN "OTHE	THER" VEHICLE: R" VEHICLE ONLY ESS TELE	EPHONE INJURY
NUMBER OCCUPANTS INJURED PERSON(s): NAME 1) 2) 3)	& NAMES IN "OTHE	THER" VEHICLE: R" VEHICLE ONLY ESS TELE	PHONE INJURY
NUMBER OCCUPANTS INJURED PERSON(s): NAME 1) 2) 3)	& NAMES IN "OTHE	THER" VEHICLE: R" VEHICLE ONLY ESS TELE	PHONE INJURY
NUMBER OCCUPANTS INJURED PERSON(s): NAME 1) 2) 3) OTHER PROPERTY DATE	& NAMES IN "OTHE! ADDRE	THER" VEHICLE: R" VEHICLE ONLY ESS TELE	PHONE INJURY
NUMBER OCCUPANTS INJURED PERSON(s): NAME 1) 2) 3)	& NAMES IN "OTHE! ADDRE	THER" VEHICLE: R" VEHICLE ONLY ESS TELE	PHONE INJURY
NUMBER OCCUPANTS INJURED PERSON(s): NAME 1) 2) 3) OTHER PROPERTY DATE	& NAMES IN "OTHE! ADDRE	THER" VEHICLE: R" VEHICLE ONLY ESS TELE	PHONE INJURY

POLICE ITEM	NUMBER:	DATE OF ACCIDENT: MO	TIME: ONTH/DAY/YEAR	AM/PM
WEATHER CO	ONDITIONS:	ROAD (CONDITIONS:	
	S ON? YES/NO (circle o	one) SEAT BELTS V	WORN? YES/NO (circle o	ne)
COMMENTS:	:		·	
NAME & TIT	LE OF INVESTIGATO	OR/SUPERVISOR COMPLE	TING THIS REPORT:	
Name	e (Print or Type)	Title	Dat	e
TVAILLE	(Time of Type)			•
		OFFICE NO	FAX NO	·
SIGNATURE:	RAM BELOW OF AC	OFFICE NO IIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		\$8\$
SIGNATURE:	Havadaharan ida oloh oloh olah dia kalenda ida kalen	imminimminimini CIDENT SCENE; INCLUDE		\$8\$\$\$\$\$\$6\$
SIGNATURE:	RAM BELOW OF AC	imminimminimini CIDENT SCENE; INCLUDE		\$8\$
SIGNATURE:	RAM BELOW OF AC	CIDENT SCENE; INCLUDE AYS #1	THE NUMBER OF VE	\$8\$
SIGNATURE:	RAM BELOW OF AC	CIDENT SCENE; INCLUDE AYS #1	THE NUMBER OF VE	\$8\$\$\$\$\$\$6\$
SIGNATURE:	RAM BELOW OF ACCUTY VEHICLE ALW	CIDENT SCENE; INCLUDE AYS #1	THE NUMBER OF VE	\$8\$
SIGNATURE:	International Community of ACCCITY VEHICLE ALW	CIDENT SCENE; INCLUDE AYS #1	THE NUMBER OF VE	HICLES
SIGNATURE:	International Community of ACCCITY VEHICLE ALW	CIDENT SCENE; INCLUDE AYS #1	THE NUMBER OF VE	HICLES
SIGNATURE:	RAM BELOW OF ACCITY VEHICLE ALW	CIDENT SCENE; INCLUDE AYS #1	THE NUMBER OF VE	HICLES

CITY OF NEW ORLEANS TAKE-HOME VEHICLE ADD/DELETE/CHANGE FORM

This form is to be completed by each employee authorized to use and take home a City Vehicle, as well as for deleting authorizations and for making any changes. The form must be signed by both the employee and the appointing authority, forwarded to the Chief Administrative Office for approval, and the returned copy placed in the employee's personnel folder.

<u> </u>	NGE AUTHORIZATION	DELETE AUTHORIZA	TION
EMPLOYEE NAME:		SS#	
ADDRESS:			-
CITY:			- ,
DEPARTMENT:		ORG CODE:	-
VEHICLE ID #	DESCRIPTION		-
TO ADD AUTHORIZATION: EM		•	LOW (FAILURE TO
COMPLETE MAY TERMINAT			
I acknowledge receipt t	o CAO Circular Memoran	dum No. 10-09	·
I acknowledge that I ha	we been authorized to use a	a City-owned vehicle and that I am	authorized to take such vehicle
home.		·	
	oll deductions as specified	by Circular Memorandum 10-09 ar	nd any subsequent revisions.
I hereby authorize payr	the on-way driving distan	by Circular Memorandum 10-09 ar	-
I hereby authorize payr I hereby declare that site is	the on-way driving distan miles.	ce from my actual domicile to my	primary reporting for work
I hereby authorize payr	the on-way driving distan miles.	ce from my actual domicile to my	primary reporting for work
I hereby authorize payr I hereby declare that site is EMPLOYEE SIGNATURE: APPOINTING AUTHORITY	the on-way driving distan	ce from my actual domicile to my	primary reporting for work
I hereby authorize payr I hereby declare that site is EMPLOYEE SIGNATURE: APPOINTING AUTHORITY APPROVAL / SIGNATURE:	the on-way driving distan	DATE: DATE:	primary reporting for work
I hereby authorize payr I hereby declare that site is EMPLOYEE SIGNATURE: APPOINTING AUTHORITY	the on-way driving distan	DATE: DATE:	primary reporting for work
I hereby authorize payr I hereby declare that site is EMPLOYEE SIGNATURE: APPOINTING AUTHORITY APPROVAL / SIGNATURE: DATE THIS ADDITION, DELE	the on-way driving distan miles. TION OR CHANGES W	DATE: DATE:	primary reporting for work
I hereby authorize payr I hereby declare that site is EMPLOYEE SIGNATURE: APPOINTING AUTHORITY APPROVAL / SIGNATURE: DATE THIS ADDITION, DELE	the on-way driving distan miles. TION OR CHANGES W	DATE: DATE: DATE: DATE: DATE: DATE: DATE: DATE:	primary reporting for work
I hereby authorize payr I hereby declare that site is EMPLOYEE SIGNATURE: APPOINTING AUTHORITY APPROVAL / SIGNATURE: DATE THIS ADDITION, DELE	the on-way driving distan miles. TION OR CHANGES W COMPLETED BY THE (DATE: DATE: DATE: CHIEF ADMINISTRATIVE OF	primary reporting for work
I hereby authorize payr I hereby declare that site is EMPLOYEE SIGNATURE: APPOINTING AUTHORITY APPROVAL / SIGNATURE: DATE THIS ADDITION, DELE	the on-way driving distan miles. TION OR CHANGES W COMPLETED BY THE (DATE: DATE: DATE: DATE: DATE: DATE: DATE: DATE:	primary reporting for work

CITY OF NEW ORLEANS FUEL DISPENSING EXCEPTION REPORT

TO BE COMPLETED BY EMPLOYEE DISPENSING FUEL: **OPERATOR NAME (PRINT)** DEPARTMENT: VEHICLE: DATE: LOCATION: JUSTIFICATION AND EXPLANATION OF FUEL DISPENSING EXCEPTION REQUEST: TO BE COMPLETED BY DEPARTMENTAL VEHICLE COORDINATOR: DATE RECEIVED: _____ APPROVED: _____ DISAPPROVED_____ COMMENTS: VEHICLE COORDINATOR SIGNATURE TO BE COMPETED BY APPOINTED AUTHORITY: DATE RECEIVED: APPROVED: DISAPPROVED: COMMENTS: APPOINTED AUTHORIZED SIGNATURE: DATE: _____FUEL SERVICES ADMINISTRATOR:____

CITY OF NEW ORLEANS AUTO ALLOWANCE ADD/DELETE FORM

This form is to be completed by each employee authorized to use and take home a City Vehicle, as well as for deleting authorizations. The form must be signed by both the employee and the appointing authority, forwarded to the Chief Administrative Office for approval, with a copy placed in the employee's personnel folder. Send completed, signed original to City Hall, Room 9E06 Attn: Auto Allowance

	ADD AUTHORIZATION		DELETE AUTHORI	ZATION
EMPLOYEE NAME:_		SS#		
VEHICLE ID#	ODOMETER RE	EADING		
	Y MILEAGE (ESTIMATED):			
		ALLOWANCE ONL		
Employee must initial nex	t to all question below (failure to con	nplete may terminate al	owance privileges)	
I acknowled	lge receipt to CAO Circular Mem	orandum No. 21 (R).		
I acknowled	lge that I have been authorized to	use a personal vehicl	e for approved City busi	ness.
EMPLOYEE SIGNAT	URE:	DATE	·	
APPOINTING AUTHO APPROVAL / SIGNAT	ORITY TURE:	DATE	;	
·	TO BE COMPLETED BY T	HE CHIEF ADMIN	ISTRATIVE OFFICE	
REVIEWED BY:	CAO OFFICE	D (Initials)	ATE:	••
Allowance Set At:	miles per	month	·	
				·
	· · · · · · · · · · · · · · · · · · ·			
				•

		VEL AUTHORIZATION	
) Name of Emplo	yee:		
2) Name of Agenc	y:		
3) Purpose of Trav	/el:		·
Number of Day	in Travel Status:		
Source of Fund	s:		
) Itinerary while	in Travel Status:		
Date		Location	Telephone Number
			, whose address is relationship to me is that
			•
		and whose	•
		and whose , as my beneficiary.	relationship to me is that
		and whose , as my beneficiary.	•
		and whose , as my beneficiary.	relationship to me is that
f		and whose , as my beneficiary.	relationship to me is that
f		and whose , as my beneficiary.	relationship to me is that
f	Director	and whose, as my beneficiary. Signature Approved: Disapproved: Andrew D	relationship to me is that

4 A. J. M. J. M. J.

DUPLICATE WITHIN 40 DAYS AFTER RECEIVING TRAVEL ADVANCE, OTHERWISE THE ADVANCE SHALL BE SUBJECT TO PAYROLL DEDUCTION

Travel Expense

	Name of Employee		Date	÷ .	
	Department		Title		
Travel To:	Perio	od: To _	· ·		
City Purpose:	State	Date	Date		
(1) EXPENSES ON 1 10		3			
(1) EXPENSE (Note if ex	spense are supported by receipt	attached)		AMOUNT	
Transportation:	•		\$		
Lodging			\$		
Meals:			\$		
Tips:			\$	·	
Taxi Cabs:			\$		
Other Expenses:			\$		
			•		
(2) TOTAL EXPENSES:		\$			
APPROVED: Authorized Certifying Officer		Correct the Dates spe	hat this travel expe at the travel was p cified for official b were for official b	erformed on the ousiness only, and that th	
• - • - • - • - • • • • • • • • • • • • • •				•	
Title			Employee's S	ignature	
3) AMOUNT ADVANCE ON VOUCH	HER NO.	DATED		\$	
4) LESS: Total expenses reported in Li	 			Φ	
, , , , , , , , , , , , , , , , , , ,					
5) DIFFERENCE				\$	
	CD	•			
excess of line 3 over 4 deposited as per of		•	_attached.		
excess of line 3 over 4 deposited as per of		•	_ attached.		
Excess of line 3 over 4 deposited as per of SHOULD LINE 4 EXCEED LINE 3 AB Reimbursement requested for additional equested and Public accordance on Public a	OVE, COMPLETE PARAGRA	APH BELOW:			

City of New Orleans Departmental Pool Vehicle Log

DESCRIPTION OF USE VEHICLE: ENDING MILEAGE BEGINNING MILEAGE OPERATOR NAME DEPARTMENT: DATE

DEPARTMENTAL VEHICLE COORDINATOR

Mileage calculated per day В ۵ YEAR: CIRCLE P for personal use or B for business use EXPLANATION or DESCRIPTION OF USE Total Business Use Mileage_ VEHICLE ID NUMBER: $\mathbf{\omega}$ Ω m Ω Θ Ω m В Δ Ω Ω Θ മ മ MODEL: Φ ۵ ۵ ۵ ۵ ۵. Ф Ω. ۵ ۵. ۵ ۵ ۵ ۵ ENDING MILEAGE BEGINNING MILEAGE City of New Orleans Take-Home Vehicle Log **OPERATOR NAME** Total Personal Use Mileage: DEPARTMENT: DATE MAKE